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Enter NEWS followed by the item number or name to see news on that specific topic.

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FILE 'HOME' ENTERED AT 10:49:12 ON 18 JUL 2007

=> File .gerry2MBCE  
COST IN U.S. DOLLARS  
  
FULL ESTIMATED COST

SINCE FILE ENTRY	TOTAL SESSION
0.21	0.21

FILE 'MEDLINE' ENTERED AT 10:49:38 ON 18 JUL 2007

FILE 'BIOSIS' ENTERED AT 10:49:38 ON 18 JUL 2007  
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FILE 'EMBASE' ENTERED AT 10:49:38 ON 18 JUL 2007  
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=> S G-CSF (L) (Treatm? OR Therapy) (5A) (renal(2A) ((disease OR Failure) OR Nephropathy)) AND pd<=20041014

1 FILES SEARCHED.

**2 FILES SEARCHED**

L1 6 G-CSF (L) (TREATM? OR THERAPY) (5A) (RENAL (2A) ((DISEASE OR FAILURE  
    ) OR NEPHROPATHY)) AND PD<=20041014

=> Dup Rem 11

PROCESSING COMPLETED FOR U-1

L2 4 DUP REM L1 (2 DUPLICATES REMOVED)  
ANSWER '1' FROM FILE MEDLINE  
ANSWER '2' FROM FILE BIOSIS  
ANSWER '3' FROM FILE CAPLUS  
ANSWER '4' FROM FILE EMBASE

=> D\_TBib\_ABS\_12\_1-4

L2 ANSWER 1 OF 4 MEDLINE on STN DUPLICATE 1  
ACCESSION NUMBER: 2000388203 MEDLINE  
DOCUMENT NUMBER: PubMed ID: 10914557  
TITLE: Safety of autologous hematopoietic stem cell transplantation in patients with multiple myeloma and chronic renal failure.  
AUTHOR: Tosi P; Zamagni E; Ronconi S; Benni M; Motta M R; Rizzi S; Tura S; Cavo M  
CORPORATE SOURCE: Institute of Hematology and Medical Oncology, Seragnoli University of Bologna, Italy.  
SOURCE: Leukemia : official journal of the Leukemia Society of America, Leukemia Research Fund, U.K, (2000 Jul) Vol. 14, No. 7, pp. 1310-3.  
Journal code: 8704895. ISSN: 0887-6924.  
PUB. COUNTRY: ENGLAND: United Kingdom  
DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)  
(RESEARCH SUPPORT, NON-U.S. GOV'T)  
LANGUAGE: English  
FILE SEGMENT: Priority Journals  
ENTRY MONTH: 200008  
ENTRY DATE: Entered STN: 18 Aug 2000  
Last Updated on STN: 18 Aug 2000  
Entered Medline: 10 Aug 2000  
AB Patients with multiple myeloma (MM) and chronic renal failure have generally been excluded from myeloablative therapy programs followed by hematopoietic stem cell support because of the potential increase in

transplant-related morbidity and mortality. We here report our experience treating six MM patients with moderate to severe renal insufficiency, with autologous stem cell transplantation. One of these patients required chronic hemodialysis since the diagnosis of MM was made. Peripheral blood stem cell collection was performed with either cyclophosphamide 5.5-7 g/m<sup>2</sup> + G-CSF, 5 microg/kg/day (patients 1-3, 5 and 6) or G-CSF, 15 microg/kg/day alone (patient Number 4). Four patients (Nos 1-4) received autotransplant as front-line therapy, while the last two patients were treated in relapse, which occurred following prior autologous stem cell transplantation in support of melphalan, 200 mg/m<sup>2</sup> (Number 5) or maintainance therapy with alpha-interferon (Number 6). High-dose chemotherapy administered as preparation to transplant included busulfan 12 mg/kg + melphalan 80 mg/m<sup>2</sup> (patients 1-3 and 6) or melphalan 80 mg/m<sup>2</sup> alone (patients 4 and 5) in order to reduce mucosal damage. Following transplant, prompt and sustained recovery of hematopoiesis was documented in all the patients; 500 PMN/microl and 20000 platelets/microl were reached after a median of 13 and 14 days, respectively. None of the patients suffered from WHO grade 3-4 infectious complications. Transplant-related toxicity included grade 3-4 oral mucositis (patients 1, 4 and 5) and veno-occlusive disease (patient Number 3). Renal function either improved or remained stable throughout the transplant period. All the patients but one responded to therapy, three of them are progression free after 2, 15 and 26 months; two relapsed after 16 and 4 months and one died from cholangiocarcinoma 7 months after transplant, while still in remission. Although our experience is limited so far, these results appear promising and support the investigational use of myeloablative therapy in MM patients with chronic renal failure.

L2 ANSWER 2 OF 4 BIOSIS COPYRIGHT (c) 2007 The Thomson Corporation on STN  
ACCESSION NUMBER: 2002:186929 BIOSIS  
DOCUMENT NUMBER: PREV200200186929  
TITLE: The Royal Marsden Hospital leukemia-myeloma database: An "operations research" resource for assessing clinical outcomes and planning new drug trials.  
AUTHOR(S): Powles, Ray [Reprint author]; Milan, Sarah [Reprint author]; Horton, Clive [Reprint author]; Sirohi, Bhawna [Reprint author]; Treleaven, Jennie [Reprint author]; Singhal, Seema [Reprint author]; Mehta, Jayesh [Reprint author]  
CORPORATE SOURCE: Royal Marsden Hospital, Surrey, UK  
SOURCE: Blood, (November 16, 2001) Vol. 98, No. 11 Part 1, pp. 426a. print.  
Meeting Info.: 43rd Annual Meeting of the American Society of Hematology, Part 1. Orlando, Florida, USA. December 07-11, 2001. American Society of Hematology.  
CODEN: BLOOAW. ISSN: 0006-4971.  
DOCUMENT TYPE: Conference; (Meeting)  
Conference; Abstract; (Meeting Abstract)  
Conference; (Meeting Poster)  
LANGUAGE: English  
ENTRY DATE: Entered STN: 13 Mar 2002  
Last Updated on STN: 13 Mar 2002  
AB Operations research is the application of scientific methods to solve complex organizational problems including improving existing systems and designing new systems well. It is widely used in industry, finance, and education. We have been using operations research to manage leukemia and myeloma patients for over 2 decades. Since 1978, comprehensive data have been collected prospectively on 3500+ consecutive unselected population-based patients referred to the RMH Leukaemia and Myeloma Units. For each patient, up to 600 separate data fields are recorded with multiple, longitudinal prospective values for each (e.g. serial blood counts recorded on all the days they are done - a "sparse array") on all aspects of disease and therapy. The database comprises a definition, collection and query/analysis package written in MUMPS, and presently

contains apprx2X107 data items. The purpose behind its depth and breadth is to use the information for optimal clinical decision-making, outcomes analysis and planning studies on a regular basis - which also assures its quality and accuracy in an on-going fashion (Koerner 1964, Hiller-Lieberman 1974). It is possible to obtain information on a defined patient population at any instant in time (snapshot) or over a given period (panorama). For e.g., some of the information provided by a myeloma snapshot is: (a) number of living patients, (b) number in CR or PR, (c) number on maintenance interferon therapy, (d) number on induction/reinduction, (e) number with renal failure, (f) number on erythropoietin or G-CSF, etc. Some of the information provided by a myeloma panorama for the last year is: (a) number of new/relapsed patients seen, (b) number not responding to initial therapy, (c) number of patients relapsing after the first autograft, (d) number of patients failing post-autograft salvage therapy, (e) number presenting with renal failure, (f) number autografted, etc. For each group identified, detailed clinical, hematologic/biochemical data are available. Extrapolating this to the future, with specific inclusion/exclusion criteria, it is possible to predict accurately how many patients can be recruited for a study over a period of time. Thus, for a proposed 1-year study of a new drug in myeloma patients relapsing after the first autograft with normal renal function, 83 patients can be enrolled almost immediately (the number alive today with disease relapsing after first autograft) and 21 more over the next year (based upon the number relapsing over last year). By changing the inclusion to any relapse, the total number increases to 112, and by eliminating the renal function criterion, to 114. Similar analyses can also be done for leukemia. The strength of this analysis is that it can be extrapolated to other centers. It is becoming increasingly difficult to test drugs in modern health care environment due to appropriately stringent demands from drug regulatory bodies and organizations overseeing the interests of research subjects. Delays in completing pivotal trials can place large financial burdens on pharmaceutical companies which can partly be avoided by projecting enrollment based on such databases. Multi-institutional databases have larger patient numbers but suffer from several drawbacks: not having a population base (unselected consecutive patients), not being prospective, not having serial clinical data, and often having only transplant data (IBMTR, EBMT) which offer limited glimpse of the course of disease.

L2 ANSWER 3 OF 4 CAPLUS COPYRIGHT 2007 ACS on STN  
ACCESSION NUMBER: 2002:824419 CAPLUS  
DOCUMENT NUMBER: 137:304836  
TITLE: Clinical application of hematopoietic factors  
AUTHOR(S): Bessho, Masami  
CORPORATE SOURCE: 1st Dep. Intern. Med., Saitama Med. Sch., Japan  
SOURCE: Nippon Naika Gakkai Zasshi (2002),  
91(Supplement, September), 229-235  
CODEN: NNGAAS; ISSN: 0021-5384  
PUBLISHER: Nippon Naika Gakkai  
DOCUMENT TYPE: Journal; General Review  
LANGUAGE: Japanese  
AB A review on (1) biosynthesis, distribution, and functions of erythropoietin (EPO) and its receptor, (2) clin. application of EPO in the treatment of anemia of chronic renal failure, (3) novel applications of EPO for the patients with cancers, myelodysplastic syndrome, or nervous system diseases, (4) clin. applications of G-CSF in patients with neutropenia, (5) possible involvement of G-CSF administration in the clonal complications in patients with aplastic anemia, (6) hematopoietic growth factors for platelet production, and (7) hematopoietic disorders induced by the antibodies to hematopoietic factors (EPO, thrombopoietin, etc.).

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ACCESSION NUMBER: 94295827 EMBASE

DOCUMENT NUMBER: 1994295827

TITLE: [The biological response modifiers. Current use and future in clinical practice].  
LES MODIFICATEURS DE LA REPONSE BIOLOGIQUE. UTILISATION ACTUELLE ET AVENIR EN PRATIQUE LIBERALE.

AUTHOR: Kamioner D.

CORPORATE SOURCE: Dept. Hematologie/Oncologie Medicale, Centre Medico-Chirurgical, Rue Castiglione del Lago, 78190 Trappes, France

SOURCE: Bulletin de la Societe Francaise de Cancerologie Privee, (1994) Vol. 13, No. 37, pp. 64-69.  
ISSN: 0753-7417 CODEN: BFCPE5

COUNTRY: France

DOCUMENT TYPE: Journal; Conference Article

FILE SEGMENT: 016 Cancer  
037 Drug Literature Index  
038 Adverse Reactions Titles

LANGUAGE: French

SUMMARY LANGUAGE: English; French

ENTRY DATE: Entered STN: 2 Nov 1994  
Last Updated on STN: 2 Nov 1994

AB The development of new cytokines or biological response modifiers allows great expectations in the treatment of various tumoral diseases such as renal carcinomas, malignant melanomas, acute leukemias or infectious diseases like viral hepatitis (Interferons, Interleukines), septic shock (Centoxin), but also in hematopoietic growth disorders (G-CSF, GM-CSF, erythropoietin). However the use of these drugs is restricted because of their high cost.

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SESSION RESUMED IN FILE 'MEDLINE, BIOSIS, CAPLUS, EMBASE'  
AT 11:21:43 ON 18 JUL 2007

FILE 'MEDLINE' ENTERED AT 11:21:43 ON 18 JUL 2007

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COST IN U.S. DOLLARS	SINCE FILE ENTRY	TOTAL SESSION
FULL ESTIMATED COST	33.45	33.66
DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)	SINCE FILE ENTRY	TOTAL SESSION
CA SUBSCRIBER PRICE	-0.78	-0.78

=> D Hist

(FILE 'HOME' ENTERED AT 10:49:12 ON 18 JUL 2007)

FILE 'MEDLINE, BIOSIS, CAPLUS, EMBASE' ENTERED AT 10:49:38 ON 18 JUL 2007  
L1 6 S G-CSF (L) (TREATM? OR THERAPY) (5A) (RENAL(2A) ((DISEASE OR FAIL  
L2 4 DUP REM L1 (2 DUPLICATES REMOVED)

=> S CSF (L) (TRreatment (3A)Nephropathy) AND pd<=20041014  
2 FILES SEARCHED..

L3 0 CSF (L) (TREATMENT (3A) NEPHROPATHY) AND PD<=20041014

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STN INTERNATIONAL SESSION SUSPENDED AT 11:25:01 ON 18 JUL 2007